

UPDATED INFORMATION

Medi-Cal Bulletin

February 2002

Lead Screening Counseling with Blood Draw New Benefit

Effective March 1, 2002, HCPCS code Z0334 (lead screening counseling with blood draw) is reimbursable when providers (1) conduct lead screening counseling to educate the parent or guardian on the risks and dangers of lead poisoning and (2) screen for levels of lead in the blood. The reimbursement rate for code Z0334 is \$17.50. Providers who only render lead screening counseling cannot bill code Z0334, and those who only test for the presence of lead in the blood must bill CPT-4 code 83655 (assay of lead).

Billing Requirements

Lead screening counseling and blood draw should be performed with parental or guardian consent during the earliest periodic Evaluation & Management (E & M) visit of children between the ages of 12 months and six years of age. Providers may only bill code Z0334 once per E & M visit per recipient in addition to the appropriate E & M code. Code Z0334 is payable only in conjunction with CPT-4 codes 99381, 99382, 99383, 99391, 99392 and 99393 and cannot be used without a blood draw. When billing, providers must document in the *Remarks* area/*Reserved For Local Use* field (Box 19) of the claim that both services were performed. If blood is drawn for other tests during the periodic E & M visit, providers should use either HCPCS codes Z5218 (collection and handling of blood specimens forwarded to an unaffiliated laboratory when this is the only service provided and billed for) or Z5220 (collection and handling of blood specimens forwarded to an unaffiliated laboratory when other physician, podiatry, or clinic services are provided at the same time). These codes cannot be billed with code Z0334.

Providers who participate in the Child Health and Disability Prevention (CHDP) Program and those who treat children enrolled in a Managed Care plan will not be reimbursed for code Z0334. This code should also not be used if the child is older than 72 months of age, has elevated blood lead levels and is receiving necessary medical treatment.

Blood Drawing

Venous blood draw is the preferred method because there is less chance of contamination by extraneous lead. However, obtaining a capillary specimen using a spring-loaded lancet device is also acceptable. Both methods require parental or guardian consent. If the laboratory test for lead screening indicates levels are 10 micrograms or more per deciliter, providers should:

- Educate the parent or guardian about lead hazards and lead poisoning
- Perform clinical evaluation for complications of lead poisoning
- Perform follow-up blood lead analyses
- Draw blood at one-to-two month intervals until the blood lead level remains less than 10 micrograms of lead per deciliter of blood for at least six calendar months and the source of the poisoning has been removed

(continued)

LEAD SCREENING COUNSELING WITH BLOOD DRAW (*continued*)

- Draw blood at three-month intervals until the child is 36 months of age (unless the child has received additional lead-hazard exposure)
- Refer the family to the local childhood lead poisoning prevention program
- Perform chelation therapy, if appropriate

This information is reflected on manual replacement page path hema 6 and 7 (Part 2).

Instructions for manual replacement pages:

Part 2

Remove and replace: path hema 5/6

Insert: path hema 7 (*new*)

Distribution: General Medicine/Obstetrics/Clinics and Hospitals/Chronic Dialysis Clinics Providers